

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Holmes, et al.	Group No: 1753
Application No: 10/637,186	Examiner: Arun S. Phasge
Confirmation No: 3944	Attorney Docket No: PION.2.US
Filed: August 8, 2003	January 10, 2008
Title: SELECTABLE ION CONCENTRATIONS WITH ELECTROLYTIC ION EXCHANGE	San Francisco, CA 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 ELECTRONIC FILING	Extension of Time <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
Papers Enclosed <input checked="" type="checkbox"/> Amendment Under 37 CFR §1.312 <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> RCE Transmittal <input type="checkbox"/> Postcard for Return	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input checked="" type="checkbox"/> One Month	\$120.00	\$60.00
	<input type="checkbox"/> Two Months	\$450.00	\$225.00
	<input type="checkbox"/> Three Months	\$1020.00	\$510.00
Total \$ <u>0.00</u>			
<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	24	58	0	\$50.00	\$20.00	\$0.00
Independent Claims	4	7	0	\$200.00	\$100.00	\$0.00
Multiple Dependent Claims				\$360.00	\$180.00	\$0.00
Supplemental Information Disclosure Statement						
						Total \$0.00

Fee Payment	Fee Deficiency
Extension Fees \$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
Fees for Extra Claims \$0.00	
Total \$0.00	
<input type="checkbox"/> Attached is check no. _____ in the sum of <u>\$0.00</u> . <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of: <u>\$0.00</u> .	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):	
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office to Fax No. (571)273-8300 or filed electronically via EFS on the date shown below.	
By: <u>Leslie Mills</u> Date: <u>January 10, 2008</u> Leslie Mills	
Respectfully Submitted By: <u>Ashok K. Janah</u> Date: <u>January 10, 2008</u> Ashok K. Janah Registration No. 37,487	